FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 5-12-95 B-

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083251 (5)

THE PHOENIX MANAGEMENT GROUP, INC.

761 MOCKINGBIRD LA 26

Principal Place of Business 1030 SW 91 AVE PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Mailing Address

P.O. BOX 15608 PLANTATION FL 33331

2s. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1995 4. FEI Number Applied For 65-0615997 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be

Added to Fees Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name

761 MOCKINGBIRD LN. -1030 SW 01-AVE-**PLANTATION FL 33324**

Street Address (P.O. Box Number is Not Acceptable) 83 84 Zip Code 85

office or re agent. I ar	egistered agent, or both, in the State of Florida Such chan in familiar with, and accept the obligations of, Section 60	was authorized by the cor, 0505, Florida Statutes.	poration's board of directors. I hereby accept the appointment as r	egistered
SIGNATURE	angostore, typed or printed name of reputerous august and tale of a unicable	(NOTE Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AND DIVECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 12
TITLE	PSTD DE	LETE 1.1 TITLE	Change	Addition
NAME	MCKEIGHEN, GARY R	1.2 NAME		
STREET ADDRESS	1030 SW 91 AVE	1.3 STREET ADDRESS	761 MOCKINGBIRD LN.	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	DE	LÉTE 2.1 TITLE	761 MOCKINGBIRD LN. PLANTATION, FL 33324	Addition
NAME		2.2 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	□ DE	LETE 3.1 TITLE	. Change	Addition
NAME		3.2 NAME		
STREET ADDRESS	·	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DE	LETE 4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		ļ
CITY-ST-ZIP		4.4 CITY - ST-ZIP		
TITLE	□ DE	LETE 5.1 TITLE	☐ Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DE	LETE 6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME		ļ
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-7IP		6.4 CITY - ST - 7IP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

916-2488